

REQUEST FOR PARKING TICKET HEARING

MAIL OR DELIVER TO: CITY OF NEW LONDON
TREASURER'S OFFICE
181 STATE STREET
NEW LONDON, CONNECTICUT 06320

NAME _____ TELEPHONE _____

ADDRESS _____ APARTMENT _____

CITY _____ STATE _____

REGISTRATION NUMBER _____

PARKING TICKET NUMBER _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

REASON FOR HEARING:

SIGNED _____

DATE _____